

THE MEDICAL EXAMINER,

And Retrospect of the Medical Sciences.

Vol. VI.]

PHILADELPHIA, SATURDAY, SEPTEMBER 2, 1843.

[No. 17.]

A COURSE OF CLINICAL LECTURES

Delivered at the *Hôtel Dieu, Paris*, for the Session 1842-'43.

BY A. F. CHOMEL, M. D.

LECTURE XI.

RESUMÉ OF THE ANNUAL CLINIC.

(Continued.)

Pneumonias and Pleurisies.

In those cases which terminated favorably the mean duration was fourteen days; in the fatal cases the mean duration was twelve days. We noted the date of the disease at the period of entrance into the hospital. Those who recovered had been sick for five days; those that died seven days.

Among the most important symptoms or epiphenomena, we particularly noticed the influence of delirium upon the progress and termination of the disease. Delirium is sometimes connected with a phlegmasial affection of the brain, or its meninges, but very often it is symptomatic of some disease entirely distinct from the nervous centres or their membranes—as an affection of the stomach or lungs, for example. Three of our cases died with this symptom; the autopsies revealed no lesion of the brain, or its membranes. Wherever this symptom occurs in pneumonia the disease is grave; it announces a profound disturbance of the economy, against which nature is but too often unsuccessful.

Pneumonia is not unfrequently complicated with inflammation of the bronchial tubes, and with emphysema. This happens in four cases out of eleven or thirteen. We sometimes see jaundice occurring in the course of the disease; in itself it is an accident of but little moment, and is, in the majority of cases, purely symptomatic. In some cases the parotid glands tumify, suppurate, and in severe pneumonia, even pass into gangrene; I very lately saw a case in a young man, who recovered. In one case a very considerable pleuritic effusion occurred; this is a very serious complication, and the danger is imminent, as the patient might perish from asphyxia. In two instances we had articular rheumatism, complicating pneumonia. Both these cases recovered. You sometimes see pneumonia developed in women in a more or less advanced stage of pregnancy. In such cases there is a certain amount of risk, both for the mother and the child, for being obliged to treat the phlegmasia actively, abortion not unfrequently is produced. We had two cases of this kind; in both we were successful; that is to say that the mother was saved without the life of the child being endangered.

In twelve deaths out of eighty-one cases of pneumonia this year, we had four who were under fifty years of age. Now, this is a considerable mortality, for, as I remarked to you the other day, pneumonia is less fatal in middle age, *cæteris paribus*. It is important, therefore, to ascertain the causes which produced this mortality. Of these four fatal cases, one

was a young man with a double pneumonia, accompanied with very serious symptoms; consequently it is not astonishing that he should have died. Another man, although in the flower of age, was an habitual drunkard; this was an aggravating circumstance, for there is nothing more certain than that parenchymatous phlegmasia in intemperate subjects, present great gravity. The third one was a woman of thirty-two years of age, convalescent from a severe dysentery, which she had had in the hospital.—You can readily conceive that a pneumonia developed in an individual already enfeebled, by a previous malady, is under very unfavorable circumstances for resolution. It may be added, too, that this patient remained unattended for seven days, and that it was not until the eighth that any treatment was commenced. The fourth case was a man of forty-two years of age, who entered the hospital on the tenth day of the disease, and who previously had done nothing towards being treated. These four fatal cases, then, only confirm the principle that I have attempted to establish elsewhere—the slight mortality in pneumonia in youth and adult age.

Treatment.—The general considerations that I am now about to make, on the treatment of pneumonia, will complete the special remarks that I have had occasion to make on the various cases of pneumonia that have presented themselves to us during the present semester. Whenever an organ is inflamed, the first indication to fulfil is to place that organ in a state of absolute repose; this a therapeutic law which admits of no exceptions. In certain organs this is very easily accomplished; thus we can enforce entire rest in the case of a limb. But in other organs it is very difficult, and even, to a certain degree, impossible. Thus, how can we condemn the heart or the lungs to a condition of perfect rest—organs whose uninterrupted functions are necessary for the continuance of life? For these organs, therefore, complete repose is impossible. You can, however, diminish their activity up to a certain point, and that, 1st. By putting the body in a state of rest; by removing all exciting causes, whether moral or physical; in prescribing absolute silence. 2d. In diminishing, as much as possible, the mass of blood which flows towards these organs, and which gives them too much energy; and this is done by sanguine evacuations. Hence in pneumonia there is a direct indication to bleed; and it is principally by the subtraction of this exciting fluid, the blood, that we are enabled to procure for the lungs a state of comparative repose, and place them in a favorable condition for the resolution of the inflammation. To this heroic method we add, as adjuvants, diet, emollient drinks, etc. etc.

Bleeding is, therefore, the first and principal medication to employ against inflammation. On this point physicians generally agree; but what difference of opinion you will find when you come to establish some rule in the employment of this means. For a long time physicians have endeavoured to adopt some rule in this respect. Some preferred the morning for bleeding, others the evening; some

every day, and others, again, several times in the day. Now, it is very difficult, not to say impossible, to establish any formula in such cases, because they necessarily must vary according to circumstances, as age, sex, constitution, and many other circumstances, which will vary to infinity. Besides, how many accidental circumstances may occur, which it is almost impracticable to foresee. So that we should reject all general rules respecting the number of times that we are to bleed. Some physicians limit themselves to one bleeding, afterwards resorting to other means. There are a few who prescribe it altogether. An example of this class may be found in Dr. Magendie, who supports his opinion not only by theoretical notions, derived from his experiments on animals, but also upon practical facts, observed in the service of his hospital. In spite, however, of the authority of this physician, I suspect that his observations are not yet sufficiently numerous to entitle his opinion to become a precept. For myself, I continue to bleed in pneumonia, relying on the accumulated experience of physicians in all ages.

The quantity of blood to be drawn varies very much. There are some individuals, who, independent of age, should be very sparingly bled; without this precaution they run the risk of suffering from dangerous prostration. Others, on the contrary, will bear large bleedings, and should have them. In certain individuals you must employ copious venesection, if you wish any amelioration; in others, again, the bleedings must be small, and repeated during the persistence of inflammation. I recollect a man of vigorous constitution, and sanguine temperament, whom we were able to bleed three times a day, and whose pneumonia lost none of its intensity until he had lost ten pounds of blood, in the space of four days. This man, whom every body thought would be exhausted by these copious venesections, was convalescent and walking about his room at the end of the tenth day. Such cases, it is true, are not common. In general, patients do not bear such numerous and large bleedings without becoming exceedingly prostrated. But, as I said before, you cannot establish any general rule in this respect; your practice must conform to the particular indications which may arise. It would certainly be a very happy circumstance to have, in place of these vague directions, some precise rule to follow; but such mathematical precision and exactitude are not to be found in our science. The same thing takes place in all human affairs, when one is obliged to conduct oneself after the laws of probability. Does not all human prudence consist in this? It is without doubt this which surrounds the exercise of our art with so many difficulties, and it is this which contributes also to exercise as well as to make manifest the genius of the practitioner.

In order to have a full appreciation of all the therapeutic indications, we should bear in mind a host of circumstances, some of the most important of which I am now going to touch upon.

1. *Stage of the Disease.* The precise stage of the disease is very important to know before we commence our treatment. Bleeding is particularly indicated in the first period of pneumonia, while the disease is on the increase. Many physicians think that this rule should be observed so strictly, that we should not bleed beyond the fourth or fifth day; this I think is carrying matters too far; there are many cases where, not only you may, but where you should bleed on the ninth or tenth day. I have already mentioned the resemblance pneumonia bears to ery-

sipelas; like this affection it may successively be developed at various points of the pulmonary parenchyma, so that when one point is resolving, a neighbouring one may be about inflaming; so that in the same lung you may see at the same time various degrees of inflammation. Hence it results that where venesection is useless for one portion of the lung, where inflammation no longer exists, it may still be necessary for another part, where the disease is about commencing. For this as well as for the other reasons just mentioned, no precise rule can be given to regulate venesection; it would necessarily lead to error. In general we are more disposed to bleed at the commencement of the disease than at a later period, and properly so, but at the same time it is necessary to take into account the age and force of the patient, the antecedents of the disease, the state of the pulse, and a host of other circumstances which may offer a formal indication to bleed at an advanced stage of the disease.

2. *The extent of the Disease* is yet another circumstance to be considered, and which should guide us in the employment of sanguine evacuations. To determine with exactness the extent and intensity of the pneumonia, you should not restrict yourselves to the results obtained from auscultation, but you should refer to the state of the pulse as well as to all the other symptoms, both general and local, which could cast any light upon the diagnosis. How often has auscultation failed to reveal anything in a lung profoundly inflamed, and the reason is quite simple. By auscultation you may detect the state of the surface of the lungs, but never the condition of its deep seated portions; and every body knows that inflammation attacks often the centre of the organ, leaving untouched the superficies. In such cases the disease will be misunderstood, if not enlightened by other signs which the attentive physician should have before his eyes.

3. *Degree of Inflammation.* The physical signs are very precious in enabling us to appreciate this fact; for instance, when the lung offers to the ear of the observer bronchial respiration, with well marked crepitation, it is impossible to mistake the first stage of inflammation, the period at which venesection is the remedy *par excellence*. In such a case, should there be no counter indication, bleed more or less freely, and you will have good results. If there is only bronchial respiration without crepitant rale, let your venesection be less copious, for the disease has reached a more advanced period, and bleeding has less efficacy. Finally, if the respiration returns after several days without any rale, you may suspect suppuration, and you must then abstain from all sanguine evacuations, or use them with the greatest caution, if you would avoid plunging the patient in a state of extreme and dangerous prostration.

4. *The strength of the patient.* This is a point of the first importance to consider, in the employment of venesection. If your patient is vigorous, bleed freely, and you will probably not repent it. I mentioned to you a case where the blood-lettings were pushed to ten, in the space of four days with the greatest success; but it is important to know, and estimate correctly, the forces of patients, so as not to exceed the proper bounds, within which you may bleed with impunity. If, on the contrary, you have an individual feebly constituted, or weakened by disease or privation, or by misfortune and moral causes, you must be careful of his strength; a single bleeding in such a case is sufficient, and even then it should be a small one, made, as it were, ex-

ploringly. Pneumonia, like all the phlegmasiæ, has an ascensional progress, which should be appreciated; sometimes it appears to be arrested, and then suddenly it reappears with all the symptoms of the commencement. In such cases you should recur to venesection, unless there is some opposing indications. Because the disease has increased you should not imagine that the preceding bleedings have been useless; for venesection may modify the intensity of a phlegmasia, but it never succeeds in arresting its onward march.

6. *The age of the patient*, is a very important circumstance to be noted. Pinel, who practised in a large establishment for the old, has observed that venesection, in such cases of pneumonia, so far from being beneficial, frequently aggravated the disease. These results induced him to abandon sanguine evacuations. I was interne in his service for a year, and was enabled to verify the truth of his assertions. In spite of that, however, I believe that Pinel went too far, in laying it down as a law, that you should not bleed in pneumonia occurring in old persons. It is true that those who were taken ill at La Salpêtrière, where the air was foul, and where every species of hygienic care were wanting, and were in a very unfavourable condition, necessarily but ill supported blood-letting. But what an immense difference exists between them and those that now come under our care in the hospitals, where so many hygienic improvements have been introduced. What still greater difference between the old men of La Salpêtrière in the time of Pinel, and those old persons who reside in their own houses, surrounded by every moral and physical care. It is to be conceived that these last may be in a condition to support venesection. Besides, we frequently see old persons of good sound constitutions, who, when attacked by pneumonia, present a strong, full pulse, like men in the flower of life. In such cases why should we not bleed, if we do not exceed certain limits? After seventy years of age, for example, you should proceed with the greatest circumspection. One of the most important points in the treatment of pneumonia is to early distinguish real weakness from that which is only apparent. Apparent weakness proceeds from oppression of the forces by the disease, an oppression which ceases with the diminution of the quantity of the blood. The vessels are overloaded; by partially emptying them, you cause a return in the circulation to the normal state, and you give to the pulse a development and fulness which before it did not possess. This oppression of the forces, this apparent feebleness, is rarely to be met with in old persons, but it occasionally occurs in those who possess a vigorous constitution. Thus, in some exceptional cases, even where there is apparent feebleness present, we may bleed old persons.

Such are the general rules which should guide us in the use of venesection in pneumonia. After bleeding, and as powerful adjuvants, should be placed laxatives. I employ them very often in these inflammations with success; they exercise a useful revulsion upon the intestinal tube, at the same time that they augment the secretion of the mucous membrane, which can but be advantageous, when the irritation is not too great.

Blistering is a therapeutic means of some value if employed with prudence, and at a proper time; but if prematurely used, the pulse becomes frequent, and the inflamed organ, instead of diminishing, is lighted anew. If, on the contrary, you apply blisters when the inflammation is on the decline, but when resolution is occurring slowly, you obtain

good results. There is generally, to be sure, at first an increase of the general symptoms, a kind of fictitious fever; but at the end of thirty-four hours this declines, and a decided amelioration very often takes place. But, I repeat to you, that it is necessary to know how to seize the favourable moment for the application of this means. As to the size of the vesications, and the points to which they are to be applied, it is now generally received that they should be applied upon the chest, and preferably to that part which is over the seat of the inflammation, and that they should be large. When you apply blisters to the arm, and limit them to the size of a five franc piece, [a dollar] you cause as much suffering to your patients, and the results are much less sensible.

There is one mode of treatment which has been much extolled in pneumonia—large doses of tartar emetic. Some physicians give it from the commencement of the disease, without any preparative sanguine evacuation. It is in this manner that the school of Rasori employ it. For myself I use it differently. At first, whenever there is the indication for venesection, I bleed once or more, according to circumstances; then, when the acute stage has somewhat subsided, and resolution proceeds with difficulty, I frequently employ tartar emetic. But to do this the digestive canal should be in good condition, for if there be any intestinal irritation, or any particular susceptibility in that apparatus, that is a counter indication to the employment of the remedy given. With these conditions and with the precautions I have just mentioned, I have derived some advantage from it. What is its true action? For it has been variously interpreted by different schools. The Italians, partisans of Rasori, contend that tartar emetic acts in pneumonia as an antiphlogistic, by diminishing the energy of the vital forces, and consequently the inflammatory organism, and thus favours the resolution of the disease. I acknowledge that I do not comprehend this explanation, and I shall not stop to discuss the question, because I believe it to be a pure hypothesis. I prefer attributing to it a double action, more easily understood.

1. A revulsive action upon the digestive organs, by means of which the inflammation of the lung loses its intensity.

2. An action in some manner mechanical produced by vomiting, which brings into play all the muscles of the abdomen and chest, producing a kind of compression of the affected organ, which assists the resolution of the disease in the same manner that you dissipate, very often, erysipelas, by properly compressing the parts attacked. As to the real efficacy of the remedy, I believe it to be much less than its admirers would give to it. After the statistics of Dr. Grisolle, who has investigated this subject profoundly, it appears that of those who were treated by this means, one in three died, which is a very considerable mortality, supposing even that the cases in which this treatment was employed were really more severe than the others, it would still be a very great mortality. The facts then, neither give to this remedy an extraordinary efficacy, nor restrict its employment to the cases where there is a formal indication.

You sometimes have in pneumonia particular symptoms which impress at the same time a peculiar character and special indications. Thus we sometimes meet with that variety termed by Stoll bilious pneumonia. In this instance the emetic treatment, or rather the emeto-cathartic, is useful and even indicated. I have seen at the Hospital of la Charité, Bayle have great success with this treatment, and I have also employed it myself with great success. Again, you

have pneumonia occurring with predominant adynamic symptoms; in such cases we are obliged to have recourse to the extract or wine of bark. These means you are obliged to employ from the commencement, because the disease, although inflammatory, is accompanied by such a state of debility, that antiphlogistic, debilitating treatment would be injurious. Tonics, too, are employed in those pneumonias which supervene at the termination of some other disease, or when the strength of the patient is already exhausted. In such cases, however, tonics have but little chance of doing good, for the organism is in such a state of debility that life seems all ready to leave it; whereas, in those cases where the pneumonia is primitive, and commences with the symptoms of adynamia, the use of tonics will frequently be followed by success.

Finally, this pulmonary inflammation may sometimes present itself with a train of ataxic symptoms very alarming. In such cases we must have recourse to musk, to castoreum, general baths, &c. Unhappily recovery in such cases is the exception.

In the course of an attack of pneumonia certain symptoms are developed, which will demand the especial attention of the physician, such as pain, cough, dyspnœa, etc.

1. *Pain.* This symptom requires serious consideration, when it is intense; the pain becomes, according to the axiom *ubi dolor, ibi fluxus*, the cause often having been the effect of the congestion and inflammation. You should seek early to cause it to disappear or to moderate its intensity. Several local bleedings, by leeches or cups, or a blister on the affected part, is ordinarily sufficient to remove it. The pain is sometimes so acute, that leeching or cupping have no effect, and we are then obliged to have recourse to large doses of opium. Sarcone employed this remedy in this manner, with great success in his practice, and he recommends it in his works. I have used it on the authority of this great physician with much benefit. But you should increase gradually the dose, and carry it as far as three or four grains, given in the course of the day in divided doses.

2. *A continued cough* is fatiguing. It is, however, rather an annoying than a dangerous symptom; and one which is best treated by mucilaginous and gummy potions.

3. *Dyspnœa* is a symptom which ordinarily accompanies pneumonia whilst it is on the increase, and it generally yields to the antiphlogistic measures directed against the inflammation itself. It offers, therefore, no particular indication to fulfil. Finally, there is one method which is rarely employed in hospitals, but which, nevertheless, is of great efficacy—I mean baths. The reason that they are so rarely employed in public establishments is that they are a therapeutic measure that requires great precaution, great care, and which would be far more injurious than useful, if the patients ran any risk of catching cold on leaving the bath. It is especially in private practice, where we can command every care, that this method is of such great advantage. It is especially useful in certain forms of pneumonia, when, for example, the skin is dry and burning, without the fever being very intense.

Pleurisy.—Pleurisy, when simple and uncomplicated with crepitation, is easy to diagnosticate, and it very often occurs under this form. Still it is not long since that physicians misunderstood it, and confounded it with inflammation of the substance of the lung itself. Whenever they had dulness, and some difficulty in the respiration, they immediately

diagnosticated a pneumonia rather than a pleurisy. But such errors now a days are impossible, if one is at all skilled in physical exploration. Whenever you have dulness to any extent, you should suspect rather a pleurisy than a pneumonia, especially if there is none or very little fever, and if the dyspnœa is not considerable; for never, or hardly ever, do you see a pneumonia of any extent, without the pulse manifesting some febrile reaction, more or less pronounced, and that the respiration is more or less embarrassed. Besides, pleurisy is one of those affections which, differing from pneumonia, is disposed to become more or less chronic, either in its progress, or in the character and intensity of its symptoms. You frequently see a pleuritic effusion occurring suddenly, and without any prodrome; whilst pneumonia is almost always preceded by indications more or less characteristic, by more rapid progress, a more marked physiognomy, and by well-marked symptoms, as cough, dyspnœa, fever, &c. &c. Nothing then in reality is easier to distinguish, than a simple pleurisy from a pneumonia, whether the latter be frank or masked, or even chronic; the latter form, which is extremely rare, is the only one with which, to a certain extent, there is any chance of confusion.

Pleurisy itself is essentially an affection of little gravity. We have had this year nineteen cases, and all have recovered. I here count only those cases of simple pleuritic effusion, without any complication of the lungs or heart. Those cases of pleurisy consecutive to other disorders, which are on the contrary very dangerous, I shall consider hereafter in another group. We had the same number of pleurisies in the summer semester as in the winter, which constitutes another difference between this affection and pneumonia, which we have seen was more frequent in summer than in winter. No difference in regard to sex was observed this year. About thirty was the age at which the majority of cases happened. It is very difficult to determine the true cause of this disease. Cold, more especially sudden cold to the feet, whilst heated, is said to be the usual cause. We carefully questioned our cases on this point; twelve of them answered that they did not know to what to attribute their attack, and that they had not been suddenly chilled; four admitted this as a cause; and in one instance it followed small-pox. We have found it more frequently on the right than on the left side. Two-thirds were in the right pleura; one-third only in the left. In this fact there is an analogy between it and pneumonia. The extent of the disease was limited in sixteen cases. In these patients it occupied the inferior half or third of the chest; in some other instances two-thirds. In two cases the pleuritic effusion was so complete that the dulness extended from the clavicle. In spite of this the heart was not carried aside by the fluid; when there is deviation of the central organ of the circulation, the danger is great, and death very probable. Last year we had two cases of pleurisy with displacement of the heart, but both recovered, which is very rare.

Let us now examine consecutively the principal symptoms.

A *chill* at the commencement is very common; ten patients out of eighteen had this symptom.

Pain in the side is a very common phenomenon, being present in nearly all cases, with different degrees of intensity. This symptom is sometimes absent, however; the ancients then called it latent pleurisy. Out of eighteen cases it once manifested itself on the side opposite to the effusion. In all the cases

but one the effusion existed at the period of the patient's entrance into the house; in that one it appeared subsequently. Auscultation and percussion always easily revealed to us the existence of effusion. In one-half the cases there was a feeble bronchial souffle; in two cases there was bronchial respiration well marked, as it appears in pneumonia; there might probably have been at the same time some parenchymatous inflammation of the lung. Vocal resonance, well marked egophony, occurred in eight cases; in six cases the voice was transmitted without being broken or its pitch raised; and in six cases there was no egophony. Ordinarily there is *egophonie de retour*, as the *râle crepitant de retour* in pneumonia. Sometimes this is wanting, especially when the pleuritic effusion lasts for some time. The cause of this is, that when the effusion has been protracted, the lung a long time compressed loses its elasticity, and returns with difficulty to its original condition; so that the phenomena of auscultation which depend on the return of the lung to its natural state, and the rapid diminution of the effusion, will necessarily be absent when these conditions are wanting. In three cases the pleuritic effusion was complicated with tubercles in the lungs; in spite of this complication it was resolved. Very often in the course of a tuberculous affection you see pleurisy developed, and rapidly disappearing and the organic affection continuing. Twice the pleurisy was complicated with slight pneumonia and intense bronchitis. In these instances the two diseases were resolved simultaneously. Twice it appeared in newly delivered women, and in them was complicated with abscess of the breast. This external affection did not influence the resolution of the pleurisy.

The treatment was the one most ordinarily employed. In severe cases we bled freely. In slight cases we used topical bleeding only. In addition we used purgatives, and demulcent drinks.

Bronchitis.—We had thirty-four cases of bronchitis, and three deaths. The relative frequency with regard to sex was very different from that which we have indicated in the preceding affections. In typhoid fever, pneumonia and pleurisy, we found men much more frequently attacked than women; now, in bronchitis the proportion is considerably greater. This year we had fourteen cases among men, and twenty among women.

Of all the forms, capillary bronchitis was the most grave. It was in this variety that the deaths took place. In one of the three fatal cases, a woman who, along with her bronchitis, presented a very rare and serious affection—a gangrenous vaginitis.

Bronchitis, in general, presents among other symptoms dyspnoea, a sibilant or sonorous rhonchus more or less marked, with sometimes considerable fever. In capillary bronchitis there is considerable dyspnoea, a fine crepitant râle, as in pneumonia, and very intense fever. The symptoms, which are those of a grave malady of the lungs, cannot be confounded with those of ordinary bronchitis; but, on the other hand, it is not so easy to distinguish it from other diseases of the lungs. In one of our cases the diagnosis was very obscure. This was a woman who presented an obscure sound at the summit of the lung, under the clavicles, with considerable vocal resonance, gargouillement. It was at first thought to be a tuberculous affection with excavation. There was violent fever. The symptoms rapidly increased, and the patient died. At the autopsy we found a number of small cavities, or kind of pouches, filled with purulent matter. At first it was thought to be

softened tuberculous matter, but upon a more attentive examination it was found to be pus, or mucopurulent matter, contained in sacs formed by the dilated bronchi. The pulmonary parenchyma around these sacs was indurated, but no where was there any tuberculous matter. Here then was a case of chronic bronchitis, which was taken for a tuberculous affection, and which, in fact, presented symptoms which very easily might be misunderstood.

Paris, May, 1843.

CASE OF PRESENTATION OF THE ANTERIOR FONTANELLE.

BY JOHN A. ELKINTON, M. D.

August 4, 1843, at 10 o'clock, P. M., I was called to visit Mrs. F—, in labour with her second child. The membranes ruptured (in my absence from the room) a little before 11 o'clock, the same evening. Labour progressed gradually, with the head presenting, and, as I supposed, with the occiput to the left acetabulum. After waiting some hours, labour advancing slowly, pains continuing all the time feebly, os uteri fully dilated, and pelvis ample, I determined to give ergot, having previously used some tansey or pennyroyal tea which was convenient, without producing any effect. The *powdered ergot* was first administered, and then the *wine of ergot*, neither of which produced any apparent uterine contractions. As the head was moveable, and would occasionally be pressed down by voluntary efforts, in conjunction with pains, so as to appear almost on the point of delivery, I determined to apply the forceps and deliver. The patient becoming exhausted, I commenced the application of the forceps about 4 o'clock in the morning of the fifth. The male blade was readily introduced, but I very soon found it impossible to adjust the female blade.

Without further delay I sent for Professor Hodge, who was soon present.

He attributed the delay and difficulty to a mal presentation of the head, the child presenting the *anterior fontanelle*, instead of the posterior fontanelle to the centre of the pelvis. The position was such that the occiput was somewhat to the left side of the promontory of the sacrum: and the termination of the sagittal suture at the root of the nose, somewhat to the right of the symphysis pubis. Hence two difficulties existed. First, the occipito-frontal, or longitudinal diameter of the cranium corresponded to the sacro-pubic, or short diameter of the superior straight; and secondly, the forehead was anterior, the occiput posterior.

For a favourable delivery, two indications were to be fulfilled. First, to cause flexion of the head, by which the vertex, (or posterior fontanelle) should descend first, and the occipito-bregmatic (or perpendicular) diameter of the head be substituted for occipito-frontal diameter; and second, to cause rotation, so that the occiput might eventually come under the arch of the pubis, and not to the coccyx and perineum. This was accomplished by Dr. Hodge, with the fingers alone; he made pressure behind the symphysis, on the right side of the os frontis, pushing it upwards so as to cause flexion of the head, and at the same time to the right and backwards, so as to direct the face towards the hollow of the sacrum, and of course the occiput from the sacrum to the left acetabulum and symphysis pubis.

Having thus effected this important change in the position of the child, I was requested to take charge

of the patient, and in a few minutes she was delivered of a large and healthy child, without further interference or artificial aid.

The object in this brief notice is to record the peculiarity of the presentation, and to confess the difficulty I have occasionally experienced in *diagnosis*. Who can *positively* determine the exact presentation of the child's head, in the early stage of labour? This case proves the importance of accurate distinctions in all varieties of presentation.

Philadelphia, Aug. 21, 1843.

BIBLIOGRAPHICAL NOTICES.

Minor Surgery; or Hints on the Every Day Duties of the Surgeon. By HENRY H. SMITH, M. D., Lecturer on Minor Surgery; Fellow of the College of Physicians, etc. etc. Illustrated by Engravings. Philadelphia: Ed. Barrington & Geo. D. Haswell. 1843. 12mo. pp. 303.

This is an excellent Treatise on Bandaging, and will prove of great assistance to the student and to the country practitioner. The works of Velpeau, Gerdy, Mayor, in France, with those of several British practitioners, and the improvements in our own country, have all been liberally and judiciously used.

The first part is on the Preparation and Application of Dressings. Part second comprises the Preparation and Application of the Bandage. Mayor of Lausanne's handkerchief system is fully treated of in a separate section, and is a valuable portion of the work. Part third treats of the Apparatus for Fractures and Dislocations. The fourth and last part includes some of the Minor Surgical Operations. This portion of the work should be materially extended to warrant the title of Minor Surgery given to the book; and in another edition, which we do not doubt will be speedily called for, we hope Dr. Smith will enlarge this department, and place it on a level with the rest of the work; by so doing he will add greatly to its completeness and value. Some of his descriptions might, we think, be somewhat amplified, which would render them clearer, and more readily comprehended by the young student. At page 260 (et seq.) we have a notice of the treatment of Fractures by the Immoveable Apparatus of Seutin (which our author spells Suetin) and Velpeau. A description of the manner of application and its effects are shown by the republication of some six cases which were treated in the surgical wards of the Pennsylvania Hospital in 1838, from the Medical Examiner of 1839. The source of these cases, we think, have not been too clearly indicated by our author. No mention is made of the improvements in this important mode of treatment, and of the substitution of dextrine for starch, or other modifications, which an extended series of observations in France, Germany, Great Britain and this country, for the last six years, have induced.

At page 207 there is a description given of an excellent Apparatus for Fractured Clavicle, which Dr. Smith has erroneously attributed to Dr. Fox. The modifications are due to Dr. J. A. Washington, then the colleague of Dr. F. in the Pennsylvania Hospital. (Medical Examiner, Vol. 1, p. 108, 1838.)

We find continually through the book "the Hospital Apparatus"—"in the Hospital." By this, we presume,

our author means the treatment pursued in the Pennsylvania Hospital; or the apparatus most commonly used in that institution. We think the phrase an objectionable one, and open to misconstruction. The English word *mesh* might, we think, be advantageously substituted for the French word *mèche*. We mention these as some of the blemishes we have noticed in the work, and which, we have no doubt, will be reformed in a second edition.

The book is very handsomely illustrated with a great number of excellent wood cuts. The paper and type are good. We repeat, in conclusion, our very favourable estimation of its merits.

On the Theory and Practice of Midwifery. By FLEETWOOD CHURCHILL, M. D., M. R. I. A., &c. &c. &c. With Notes and Additions. By ROBERT M. HUSTON, M. D. Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. etc. etc. With One Hundred and Sixteen Illustrations from Drawings by Bagg and others. Engraved by Gilbert. Philadelphia: Lea & Blanchard. 1843. 8vo. pp. 519.

Dr. Churchill in his Preface states, that the object of the present publication "is to offer to the student of Midwifery a work, embracing the modern discoveries in the physiology of the uterine system, with all the recent improvements in practice, in a condensed form, amply illustrated, and at a moderate price."—(p. ix.)

The work amply fulfils, we think, all these indications. The physiological portion is more complete than that of any preceding treatise, English or French. We have some inaccuracies, but on the whole the actual condition of the science is fairly represented. This part we think misplaced. Midwifery authors, as well as teachers, are perpetually trespassing on the domain of the physiologist. Strictly, their duties are purely practical, and they but too often curtail their usefulness by indulging in idle speculations on generation, menstruation, &c. Our author, however, is not amenable to this charge, for the practice of obstetrics is ably treated, and embodies most, if not all the recent observations and suggestions.

The author regrets the absence of fuller references than his limits permitted. On that head we do not quite agree with him. However satisfactory they may be to the physician, or gratifying to an author's vanity, they only perplex the ordinary student, who is content with a well arranged summary, and clear digest of the best current opinions of the day on any given subject, as he has neither time nor, in a vast majority of cases, inclination to go further. In this respect we consider the present work much superior to our author's "Diseases of Females," which is encumbered by useless citations, and there is much occasional confusion in the text, from the "multitude of counsellors;" which, to our thinking, is often anything but wisdom.

The additions of Professor HUSTON are opportune in supplying accidental omissions, and in some instances deficiencies in the text. The remarks of the Editor on the Use of the Forceps are singularly judicious and apt. In Great Britain, the vast majority of practitioners of midwifery limit the use of the forceps to those cases in which the head has already passed through the superior strait, and has descended fully into the cavity of the

pelvis. The result of this rule is seen in the appalling number of craniotomy cases. The tables recently published by Dr. ROBERT LEE in his "Clinical Midwifery," and in his Lectures in the Medical Gazette, show the lamentable frequency of this horrible operation amongst British practitioners. In Germany and in France the forceps are more constantly used, and with the happiest effects. We refer our readers, however, to the chapter itself, as one from which much useful information may be derived.

The work is beautifully printed, and illustrated in the best style of Gilbert with one hundred and sixteen cuts.

The Dispensatory of the United States of America.

By GEORGE B. WOOD, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, &c. &c., and FRANKLIN BACHE, M. D., Professor of Chemistry in Jefferson Medical College of Philadelphia. Fifth Edition, enlarged and revised. Published by Grigg & Elliott, 1843. 8vo. pp. 1360.

This is the fifth edition of our great national work. In it the indefatigable authors have fully redeemed the statement of their preface—that they have made such additions as were calculated to "maintain it on a level with the advancing knowledge of the times." They state that "in no revision of the Dispensatory have they bestowed so much labour as on the present." The new editions of our own and of the Edinburgh Pharmacopœias, as well as the numerous treatises on Materia Medica which have recently appeared in Great Britain, required necessarily many alterations, and considerable additions. "It has been the aim of the authors, by pruning redundancies and concentrating the new matter within the smallest possible space, to swell the Dispensatory as little as consisted with the great object of utility; but with all their endeavours, they have been compelled to exceed their former limits by more than one hundred pages." The work is now admirable in all the various departments of Materia Medica and Pharmacy. To it, as a text book for the medical student, it perhaps may be objected that it is rather imperfect in the Therapeutic portion; but it should be remembered that a work of this kind is limited and strictly practical in its character, and that abstract, theoretical disquisitions are misplaced. The therapeutic summary attached to each article is, though very much condensed, a judicious exposition of the medical properties of the drug.

We know of no work in which there is more industry, care, ability, and judgment shown than in the present one, and the universal opinion of the profession has ratified this estimate. We shall now briefly notice some of the new articles which have been added.

Solution of Hydriodate of Arsenic and Mercury. *Liquor Hydriodatis Arsenici et Hydrargyri.* This preparation was introduced by Mr. Donovan, a chemist of Dublin, and is supposed to combine the virtues of its three ingredients. We have already published its formula, with the combined testimony of a large number of the eminent practitioners of Dublin in its favour. (p. 80.) It is recommended in various cutaneous affections, in secondary syphilis, and in some uterine disorders. The dose is 20 minims three times a day in distilled water. This quantity

contains the twenty-fourth of a grain of deutoxide of mercury, and about the quarter of a grain of iodine. Dr. E. J. Taylor (*Am. Journ. Med. Sciences*, N. S. Vol. v., p. 319) states that he rarely gave more than five minims (four drops.) It sometimes produces unpleasant sensations in the head, stomach, and bowels. When these occur the medicine should be laid aside for a week or so. In some instances the solution diluted with an equal bulk of water, was used as an external application to ulcers and cutaneous eruptions, at the same time that it was administered internally. We have employed it in some cases of chronic rheumatism and secondary syphilitic disease, and with marked benefit, especially in the former affection. One case of rheumatism, apparently unconnected with any syphilitic taint, and which had resisted all the ordinary forms of treatment, disappeared soon after the exhibition of this preparation.

Sulphate of Alumina—*Aluminæ Sulphas.* This powerful antiseptic and disinfectant is prepared by saturating dilute sulphuric acid with hydrated alumina. M. Gannal first introduced it into use as a preservative of bodies. By injecting the solution (a pound avoirdupois of the salt to a quart of water) into the bloodvessels, bodies were preserved fresh in summer for twenty days or more, and in winter for three months. Cloths wetted with the solution, and laid on the body after death, will preserve it for some days in a perfectly natural state; and is in every respect preferable to ice. No notice is taken by our authors of its therapeutic properties, which are familiar to our readers from the publication of Professor Dunglison in the present volume of this journal (p. 162.) We have ourselves in some cases of chronic ulcer derived unequivocal advantage from its use. To the anatomist and pathologist it is invaluable. A solution of medium strength will be found to disinfect the hands from all unpleasant odour after being engaged in autopsies or dissections.

Oxide of Silver—*Argenti Oxidum.* This preparation is said to possess all the therapeutic virtues of the nitrate when internally exhibited, without the risk of discolouring the skin. Mr. Lane, who has recently revived its use, recommends it in the various affections of the stomach, unconnected with organic lesion, dysentery, diarrhoea, night sweats without any obvious affection, various uterine derangements, &c. &c. The dose is half a grain, given in pill twice or thrice a day. In no instance did Mr. Lane carry the dose above six grains in the twenty-four hours.

Lactate of Iron—*Ferri Lactas.* *Lactate of Protoxide of Iron.* On the belief that the lactic is the chief acid in the gastric juice, and that the ferruginous preparations are dissolved by it in the stomach, it was supposed that the lactate of iron ready formed, would be a useful preparation. Many French physicians of great eminence have reported strongly in its favour. Its effect in increasing the appetite is very marked. It was used in Paris principally in chlorosis, and Andral, Bouillaud, Fouquier, &c., state with great success. The dose is from one to two grains, repeated at intervals, and gradually increased. As much as twenty grains may be given in the day. It may be given in lozenge, pill, or syrup, and also in bread. The syrup is of a very light amber colour, and contains four grains of the salt to the fluidounce.

Iodide of Zinc—*Zinci Iodidum.* This is made by digesting zinc in small pieces, in excess, with iodine dif-

fused in water. Dr. Ross, of Scotland, has used a solution, (10 to 20 grains to the ounce of water,) with great success in cases of enlarged tonsils. Dr. Goddard, of this city, informs us that he has used it in this troublesome affection with the happiest results. In a single instance we have employed it, and with decided benefit.

Wild Cherry Bark—*Prunus Virginiana*. It has been shown, by a highly intelligent young chemist of this city, Mr. William Procter, (Am. Journ. of Pharm. vol. x. p. 197,) that the hydrocyanic acid and volatile oil do not exist already formed in the bark, but result from the action of water on one of its constituents, amygdalin. In directing the infusion, the last edition of the Pharmacopœia directs the maceration to be prolonged to twenty four hours. The object of this is very manifest from what has just been said. The remark of the editors with regard to the extension of the period of maceration, (p. 1013) is by this revision rendered useless, and should have been been cancelled. It should, however, direct, in addition, that the bark be coarsely powdered; by this means the subsequent chemical action is rendered much more complete. A syrup of wild cherry bark has recently been extensively used in this city. It is prepared by macerating four ounces of the powdered bark with twelve fluid ounces of water for two days, putting the mixture in a displacement apparatus, returning the liquid which passes until it becomes clear, displacing with an additional quantity of water, until twelve fluid ounces of infusion are obtained, and then dissolving in this twenty-four ounces of sugar. (Am. Journ. of Pharm. vol. xiv. p. 27.) No heat is employed by this process, which was applied in the present instance, and some others at our suggestion,—and the virtues of this valuable medicine are more fully obtained than by any other method. The objection advanced to it by the author of the article, viz.: that "in order to give the requisite quantity of the medicine, so much sugar must be given at the same time, as to endanger embarrassment of the digestive organs," is, we are assured, perfectly groundless. We have employed it ourselves constantly for some time, and without once in any way disordering the stomach. It is a pleasant vehicle for other medicines—more especially for some of the ferruginous preparations.

We shall continue our notice in a succeeding number.

THE MEDICAL EXAMINER.

PHILADELPHIA, SEPT 2, 1843.

RESEARCHES ON THE FREQUENCY OF CANCER.

Dr. TANCHOU presented to the French Academy of Sciences, at its session of the 3d of July, a very elaborate memoir on the Relative Frequency of Cancer.

The frequency of diseases, said Dr. T., is in direct ratio to the susceptibility of the organs which are affected by them. When this does not occur, it is to be attributed to some accidental circumstance. Cancer does not escape this general law. But what has not yet been investigated are the order and nature of the causes of this disease. Imagining that the effects of civilization might

play no small part in the production of this affection, Dr. T. consulted, with the assistance of the Prefect of the Seine, Count Rambuteau, the civil registers of that Department. 1848 quires, forming the collection from 1830 to 1840, inclusive, 11 years, were examined.

It appears that in this lapse of time there died at Paris, and the districts of Sceaux and St. Denis, 382,851 persons. Of this number, 194,735 were men, and 158,116 were women. 9118 of these died of cancerous affections; of whom 2161 were males; 6957 were women. The excess of the latter was of course 4796.*

Deaths by Cancer.		Deaths by Cancer.	
In 1830,	668	In 1836,	837
1831,	865	1837,	778
1832,	814	1838,	803
1833,	814	1839,	887
1834,	857	1840,	889
1835,	906		
Total,		9118	

That is, about 1.96 per cent. on the deaths of 1830, and 2.40 on those for 1840; which proves that cancer is on the increase.

In Paris, alone, during this time:

Deaths by Cancer.		Deaths by Cancer.	
In 1830,	595	In 1836,	728
1831,	756	1837,	674
1832,	712	1838,	703
1833,	721	1839,	779
1834,	752	1840,	779
1835,	800		
Total,		7999	

That is to say, 2.54 per cent.; whilst in the arondissements of Sceaux and St. Denis united, there were:

In 1830, deaths		In 1836, deaths	
73		109	
1831,	100	1837,	104
1832,	102	1838,	100
1833,	93	1839,	108
1834,	105	1840,	110
1835,	106		
Total,		1119	

Which gives 1.63 per cent. for the suburbs, whilst *intra muros* it was 2.54 per cent., showing that this disease is much more frequent in the capital than in its environs.

Considered with regard to age, he found the following results:

Age.	Deaths.	Men.	Women.
From 1 to 10 years,	23	9	14
10 to 20	26	13	13
20 to 30	231	62	169
30 to 40	1012	190	822
40 to 50	1975	339	1636
50 to 60	2108	488	1620
60 to 70	2067	598	1469
70 to 80	1315	398	917
80 to 90	335	62	273
90 to 100	26	4	22
Total,	9118	2163	6955

Examined in connection with the various organs affected, he found:

* Under the name of cancer, Dr. T. includes not only cancerous ulcers, but schirrus, carcinoma, osteo-sarcomas, encephaloid tumours, cancers of the skin, nose, lupus, sarcoceleles—in a word, all local malignant affections.

* Under the name of cancer, Dr. T. includes not only cancerous ulcers, but schirrus, carcinoma, osteo-sarcomas, encephaloid tumours, cancers of the skin, nose, lupus, sarcoceleles—in a word, all local malignant affections.

The Uterus,	2996	Shoulder,	4
The Stomach,	2303	Throat,	4
Female Mamma,	1147	Ear,	4
Liver,	578	Pharynx,	4
Rectum,	221	Forearm,	3
Abdomen, (?)	188	Kidneys,	3
Intestine,	146	Parotid Gland,	3
Bladder,	72	Tonsils,	3
Face,	71	Larynx,	3
Mesentery,	66	Palate,	3
Ovary,	64	Temple,	2
Tongue,	36	Chin,	2
Eye,	24	Back,	2
Jaw,	24	Pancreas,	2
Brain,	28	Iliac Fossa,	2
Testicle,	21	Cocum,	2
Lips,	16	Vulva,	2
Vagina,	14	Umbilicus,	2
Spleen,	13	Haunch,	2
Anus,	13	Cranium,	1
Esophagus,	13	Cerebellum,	1
Neck,	13	Ethmoid Bone,	1
Cheek,	12	Orbit,	1
Nose,	11	Retina,	1
Mouth,	11	Mastoid Procees,	1
Thigh,	10	Back of Neck,	1
Penis,	10	Sternum,	1
Leg,	9	Pleura,	1
Thorax,	8	Peritoneum,	1
Axilla,	8	Jejunum,	1
Thyroid Gland,	8	Ilium,	1
Scrotum,	7	Female Urethra,	1
Inguinal Region,	7	Perineum,	1
Lung,	7	Scapula,	1
Colon,	7	Bones of the Ilium,	1
Head,	6	Pelvis,	1
Heart,	6	Sacrum,	1
Arm,	6	Thigh,	1
Epiploon,	5	No organs designa-	
Prostate,	5	ted,*	829
Male Mamma,	5		—
Hand,	5	Grand Total,	9118
Forehead,	4		

By this statement it will be seen that there is an increase in cancerous affections, and that they are much more frequent in cities than in the country. This has already been remarked in Berlin,† and in England.‡

Dr. Tanchou gives the following cases for cancer of the uterus:

In 1830, 351 cancers of the uterus; 1831, 391; 1832, 396; 1833, 398; 1834, 436; 1835, 503.

Dr. Tanchon adds that a similar comparative tabular statement between the capitals and large cities, and the rural districts, is much to be desired.

Dr. T. states that cancer is a very ancient disease of civilized life. The first example is that of Mossa, daughter of Cyrus, and wife of Cambyzes, B. C. 521.

* Under this head those cases are included which were simply marked on the register as *cancer*. Dr T. seems to think that cancer of the breast was meant in the majority of these cases; which, added to 1147 cases of schirrus of the female mamma, and 5 in the male, would give 1981 cancers of the breasts in the two sexes.

† Siebold's Journal, 1826.

‡ Cyclopedia of Surgery, art. Cancer.

What is very extraordinary is, that, according to Herodotus and others, she was cured by Demeidus, a physician of Croton, without an operation.

It is stated that cancers have been found among the mummies of Egypt; and M. Hamon, a very distinguished veterinary surgeon, who was fourteen years in the service of Mehemet Ali, never observed cancerous affections among the native female, but occasionally among the Turkish women. Dr. Clot-Bey has made the same remark. Cancer, according to Dr. T., is like insanity, much more common in civilized countries. It has been found that in the East it is much more common among the Christians than Mahomedans. Fabricius Hildanus believed that this disease occurred more frequently in temperate climates than in warm. M. Rouzet says that it is very rare in Africa. The result of Dr. T.'s researches on this point leave no doubt. Dr. Bac, surgeon to the second regiment of African Chasseurs, never saw a case, even at Senegal, where he practised six years. The medical officers of the French Army are agreed on this question. M. Baudens, the surgeon in chief of Val-de-Grace, who enjoyed a considerable practice at Algiers for eight years, saw only in that time two or three cases. Finally, Dr. Puzin, who, in 1835, established a civil hospital ten leagues beyond the French outposts, in the midst of the Arabs, did not see a case of genuine cancer out of 10,000 patients.

Dr. Tanchon discusses finally the treatment of cancer. Having examined this disease among animals, he gives some interesting details relative to its frequency, according to age, sex, and the organ affected. He concludes thus:

1. The number of cancerous diseases seems to increase from year to year, and to be in direct ratio to the civilization of the country and of the people.

2. It is in old persons, and in women more particularly, that this malady is most to be feared. But early life is not exempt from it.

3. The organs that are most sensitive, and of glandular organization, are most obnoxious to it.

4. The cause of this disease would seem to exist in the whole economy, but more particularly in the fluids than in the solids.

5. When there is no external cause it would appear to result from a molecular organic modification, occasioned by various causes, but which, in the majority of cases, we may hope to destroy. (?)

6. In the present state of our science the treatment is only empirical, as in syphilis.

7. This treatment should include all therapeutic means, and should neither be exclusive, nor specific.

8. Finally, after twenty-two observations, which were presented to the Academy, and some scattered facts found in the science, it is not yet demonstrated that cancer is incurable in all cases. You can modify the affection, render chronic an acute case, dissipate, lessen, or render stationary the majority of primary engorgements. And it is to be hoped that we shall yet go further.

Dr. ADELMANN, a practitioner in Bavaria, is employing, very successfully—as he says—in inflammation of the tonsils and pharynx, various preparations of *arnica*, both in the form of gargles and by the stomach. He also recommends the inhalation of vapour from a hot infusion of mustard-seed.—*London Lancet*.

RETROSPECT OF THE MEDICAL SCIENCES.

DR. RICORD ON THE TREATMENT OF GONORRHOEA.

We may class the treatment under five heads: 1, the prophylactic; 2, the abortive; 3, the treatment of the acute stage; 4, of the declining period; and 5, of the chronic form.

1. *Prophylactic Treatment.*—The first precept is, doubtless, never to expose oneself to contagion. Nicholas Massa, states, with admirable naïveté, that it is absolute madness to court danger of this description. I have remarked that gonorrhœa is seldom the result of one single connexion—on the contrary, it will be observed in almost all cases that it has followed the repetition within a short time of venereal pleasures. N. Massa also lays down as a rule, to avoid prolonged coitus, which determines and predisposes to the invasion of the disease.

Lotions, with cold water, will be found also an advantageous preparation, but tepid washes and warm baths I consider as the very worst means of prevention of the disease, as they produce a degree of congestion highly predisposing to subsequent inflammation.

I also reject absolutely, medicinal lotions, which in general irritate in a useless manner organs undergoing a physiological excitement. On the contrary, emission of urine immediately after connexion should on no occasion be neglected. It is a natural injection, from the bladder forwards, which washes off any improper stimulus which may have found its way into the urethra.

Other prophylactic measures have been advocated, mechanically preventing actual contact, and thus the contraction of the disease.

2. *Abortive Treatment.*—It is indispensable to proceed to the abortive treatment when the disease is not too far advanced. It is an erroneous, but generally received notion, that it is useful to allow the secretion to continue a certain time before any attempts are made to arrest its progress. No possible advantage can result from the prolongation of an inflammation on any mucous membrane, much less the urethra. The consequence of the unfortunate doctrine we allude to is, to render the discharge more difficult of cure by permitting the mucous membrane to become altered in its structure by the chronic establishment of an inflammation, so as to promote strictures, abscess, softening, &c. Such a doctrine tends to make epididymitis and other complications of gonorrhœa more frequent, and to increase the sum of human suffering, whilst the chances of bad results without any compensating benefit exist in the fullest degree. We strongly recommend the adoption of the abortive treatment.

3. *Treatment of the Acute Stage.*—Here the antiphlogistic regimen, local and sometimes general bleeding, revulsives on the intestinal tube, diluent drinks, baths, and antispasmodics find their full application. We shall, at a subsequent period, refer to this treatment in detail.

4. *Treatment of Declining Stage.*—The indications are precisely the same as in the abortive treatment, for whilst in the incipient stage inflammation has not yet set in, here it has already ceased to manifest itself by its acute symptoms.

5. *Treatment of Chronic Stage.*—In order properly to treat this period, it is to be recollected that gleet generally is indebted for its existence to some local or general cause which keeps up the irritation, and which must be discovered, in order that success may attend the treatment. The running is mostly symp-

tomatic of another disease, towards which the attention of the surgeon should be directed.

It has been proposed by some, and it still is the object of the practice of many, to obtain a renewal of the original discharge by exciting the urethra with the passage of simple catheters, or of instruments covered with various stimulant substances. This practice I condemn, as the surgeon acts blindfolded. The only general precept to be laid down is to endeavour to acquire by proper investigation accurate knowledge of the state to which chronic inflammation has brought the membrane, and to guide the subsequent treatment thereon.

We now begin the study of each particular variety of gonorrhœa. It will be much shortened by the foregoing general observation, but important precepts of diagnosis and treatment arise out of the consideration of the various kinds of discharge. We deem it advisable to examine gonorrhœa:—1, as it occurs exclusively in the male, as in external gonorrhœa; 2, in the female, in the urethra, the external organs of generation, the vagina, the uterus, either separately affected or in combination; 3, in both sexes, such as blenorragia of the eye, the anus, various folds of the skin, the nose, the ear, or mouth.—*Prov. Med. Journ.*

DR. RICORD ON EXTERNAL GONORRHOEA.

External gonorrhœa—chaudepisse bâtarde—balanitis—posthite—balanoposthite.

The causes which produce more particularly this form are phymosis, congenital or acquired, the accumulation of natural secretions, the habit of masturbation.

Premontory Signs.—A sensation of weight or uneasiness, an unusual degree of heat about the part, a distressing sense of itching, are the only signs referable to the early stage of the disease.

Symptoms.—Inflammation may extend to the whole lining of the prepuce, or be limited to a small portion of mucous surface. The membrane soon becomes red from injection, its natural secretion is exchanged for a discharge thicker and more creamy than that of urethritis, and incarceration within the prepuce, together with incipient decomposition, communicate to this liquid a particularly offensive and irritating character. Contact is painful, desquamation of the epithelium, rendering the organ exquisitely sensitive from the denudation of a number of nervous papillæ.

Complications.—It is not uncommon to find œdema of the lax subcutaneous cellular structure complicating the disease. Erysipelas is occasionally met with, doubling the size of the penis, and, not unfrequently acquiring so much violence as to threaten or even produce gangrene.

But in contradistinction to urethral blenorragia, epididymitis is never the consequence of external gonorrhœa, and very seldom bubo.

Eczema, on the other hand, and herpes break out on the glans, stimulated into existence by the presence of the inflammation.

Condylomata and excrescences of various kinds are the result, and may become the cause of balanoposthitis.

Chancre and mucous tubercle may also complicate or produce external gonorrhœa. It is not a little remarkable that the first of these affections gives rise in its vicinity to a perfectly simple inflammation, the secretions of which may be inoculated with im-

pnnity, whereas pus from the neighbouring chancre will constantly and at the same time give a specific sore by inoculation.

Differential Diagnosis.—From eczema or herpes præputialis, external gonorrhœa will be easily distinguished by the diffused character of the inflammation, the absence of vesicles of any kind during its first period, or of those small circular erosions which follow herpes, and which have more analogy of appearance with superficial chancre than with simple inflammation of the prepuce or glans.

The scalding in passing water concentrated in the fossa navicularis, a view of the discharge coming from the urethra in cases where the foreskin can be slightly drawn back, also the particular pain caused by the distension of the urethra during erection, will suffice to establish the diagnosis between blenorragia and balano-posthitis, in which erections are free from uneasiness; pressure determines pain around the base of the glans, and the discharge comes from the cul de sac formed by the reflection of the mucous membrane.

As to chancre, it will be sometimes possible to obtain a rational diagnosis of its existence under an irreducible phymosis, from a certain degree of painful hardness in one particular spot of the corona glandis, from the presence of enlarged ganglions in the groins, rather uncommon in simple balanitis; but one sign only can be implicitly relied upon to distinguish absolutely simple external gonorrhœa from phymosis complicated with chancre, and that sign is inoculation with the lancet.—*Ibid.*

Pathological Researches into the Local Causes of Deafness, based on one Hundred and Twenty Dissections of the Human Ear. By JOSEPH TOYNBEE, F. R. S., Surgeon to the St. George's and St. James' Dispensary.

The researches of which this is a summary view, are in continuation of a previous paper contained in the twenty-fourth volume of the Society's Transactions. The principal practical conclusion to which they lead is, that the most prevalent cause of deafness is chronic inflammation of the mucous membrane which lines the tympanic cavity, and that by far the greater majority of cases commonly called nervous deafness ought more properly to be attributed to this cause.

The pathological conditions to which inflammation of the mucous membrane gives rise are divided in the paper into three stages.

In the first stage the membrane retains its natural delicacy of structure, though its blood-vessels are considerably enlarged and contorted; blood is effused into its substance, or more frequently at its attached surface; blood has also been found between the membrane and the membrane of the fenestra rotunda, and in very acute cases lymph is effused over its free surface.

The second stage is characterised by the following pathological conditions:—

1st. The membrane is very thick, and often flocculent. In this state the tympanic plexus of nerves becomes concealed, the base and crura of the stapes are frequently entirely imbedded in it, while the fenestra rotunda appears only like a superficial depression in the swollen membrane.

2nd. Concretions of various kinds are visible on the surface of the thickened membrane. In some cases these have the consistence of cheese, and are analogous to tuberculous matter; in others they are fibro-calcareous, and exceedingly hard.

3rd. But by far the most frequent and peculiar characteristic of this second stage of the disease is, the formation of membranous bands between various parts of the tympanic cavity. These bands are at times so numerous as to occupy nearly the entire cavity; sometimes they connect the inner surface of the membrana tympani to the internal wall of the tympanum, to the stapes and to the incus. They have also been detected between the malleus and the promontory, as well as between the incus, the walls of the tympanum, and the sheath of the tensor tympani muscle, as well as between various parts of the circumference of the fenestra rotunda. But the place where the adhesions are most frequently visible is between the crura of the stapes and the adjoining walls of the tympanic cavity; this was the case in twenty-four instances out of a hundred and twenty dissections, being a fifth of the number. These bands of adhesion sometimes contain blood and scrofulous matter.

In the third stage of inflammation of the membrane it becomes ulcerated; the membrana tympani is destroyed, and the tensor tympani muscle is atrophied. The ossicula auditus are diseased, and ultimately discharged from the ear, and the disease not unfrequently communicates itself to the tympanic walls, affecting also the brain and other important organs.

The following is a tabular view of the mucous membrane of the the tympanic cavity in the 120 dissections related in this paper.

In the first stage of inflammation.

1. With simple inflammation of the membrane, its vessels being enlarged, tortuous, and distended with blood	10
2. Ditto, with an accumulation of mucous	1
3. Membrane inflamed, with effusion of blood into its substance	3
4. Membrane inflamed, with effusion of serum, tinged with blood, into the tympanic cavity	1
5. Membrane inflamed, with lymph effused into the tympanic cavity	2
6. Membrane inflamed, with blood and lymph effused into the tympanic cavity	2
7. Membrane inflamed, with effusion of pus into the tympanic cavity	1

Dissections illustrative of the second stage of inflammation.

1. With simple thickening of the lining membrane	5
2. The membrane thick and pulpy	2
3. Ditto, ditto, and the cavity full of bands of adhesion	1
4. The membrane thick and flocculent	1
5. Membranous bands connecting the membrana tympani to the inner wall of the tympanum	5
6. Membranous band connecting the membrana tympani to the promontory and the chorda tympani to stapes	1
7. Membranous bands connecting the membrana tympani to the incus	1
8. Ditto ditto to the stapes	3
9. Ditto connecting the membrana tympani and chorda tympani nerve to the stapes	1
10. Ditto connecting the membrana tympani and malleus to the promontory	1
11. Ditto connecting the membrana tympani to the incus	2
12. Ditto connecting the membrana tympani and assecles to the inner wall of the tympanum	1

13. Ditto connecting the malleus to the inner wall of the tympanum - - - 2
14. Ditto connecting the incus to the inner wall of the tympanum - - - 1
15. Ditto connecting the stapes to the promontory - - - 24
16. Anchylosis of the stapes to the fenestra ovalis - - - 2
17. Membranous bands, forming a network over the fenestra rotunda - - - 2
18. A broad membrane passing from the promontory to the mastoid cells - - 2
19. The cavity of the tympanum full of bands of adhesions - - - 1
20. Membranous bands containing scrofulous matter - - - 3
21. The cavity of the tympanum full of calcareous concretion - - - 4
22. Ditto, full of caseous concretion - - 2
23. With ridges of bone projecting from the surface of the promontory - - - 2

Dissections illustrative of the third stage of inflammation.

1. With ulceration and thickening of the mucous membrane, attended by the formation of pus - - - 3
2. With the ulceration of the membrane, and loss of one or more of the ossicula - 3

It thus appears that of the 120 dissections there were—

- 20 Specimens in the first stage of inflammation of the tympanic cavity.
- 65 Ditto in the second stage.
- 6 Ditto in the third.
- 29 Ditto in a healthy state.

120

Lond. Med. Gaz.

PLEA OF INSANITY IN CRIMINAL CASES.

The report of the judges has recently been made to the House of Lords, in answer to the several questions proposed to them relative to the legal application of the plea of insanity in criminal cases; and as this is, perhaps, one of the most difficult as well as unsatisfactory points upon which professional evidence is required in courts of law, it was hoped that the result of the inquiry would be the construction of more direct and certain rules for the guidance of medical witnesses than at present exist. How far such expectation has been fulfilled we shall hereafter endeavour to determine. The questions and the answers returned to them are the following:—

Question 1.—What is the law respecting alleged crimes committed by persons afflicted with insane delusion, in respect of one or more particular subjects—as, for instance, when at the time of the commission of the alleged crime, the accused knew he was acting contrary to law, but did the act complained of with the view, under the influence of some insane delusion, of redressing or avenging some supposed grievance or injury, or of producing some supposed public benefit.

Answer.—The opinion of the judges was that, notwithstanding the party committed a wrong act while labouring under the idea that he was redressing a supposed grievance or injury, or under the impression of obtaining some public or private benefit, he was liable to punishment.

Q. 2.—What are the proper questions to be submitted to the jury when a person, alleged to be afflict-

ed with insane delusions respecting one or more particular subjects or persons, is charged with the commission of a crime—murder, for example—and insanity is set up as a defence?

A.—The jury ought in all cases to be told that every man should be considered of sane mind until the contrary were clearly proved in evidence. That before a plea of insanity should be allowed, undoubted evidence ought to be adduced that the accused was of diseased mind, and that at the time he committed the act he was not conscious of right or wrong. This opinion related to every case in which a party was charged with an illegal act, and a plea of insanity was set up. Every person was supposed to know what the law was, and, therefore, nothing could justify a wrong act unless it was clearly proved that the party did not know right from wrong. If that was not satisfactorily proved, the accused was liable to punishment; and it was the duty of the Judges so to tell the jury when summing up the evidence, accompanied by those remarks and observations which the nature and peculiarities of each case might suggest and require.

Q. 3.—In what terms ought the question to be left to the jury as to the prisoner's state of mind at the time the act was committed?

"This question was not answered.

Q. 4.—If a person, under an insane delusion as to existing facts, commit an offence in consequence thereof, is he thereby excused?

A.—If the delusion were only partial, the party accused was equally liable with a person of sane mind; if the accused killed another in self-defence, he would be entitled to an acquittal; but if the crime were committed for any supposed injury, he would then be liable to the punishment awarded by the laws to his crime.

Q. 5.—Can a medical man, conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious at the time of doing the act that he was acting contrary to law, or whether he was labouring under any, and what delusion at the time?

A.—The question could not be put in the precise form stated above, for by doing so it would be assumed that the facts had been proved. When the facts were proved and admitted, then the question—as one of science—would be generally put to a witness under the circumstances stated in the interrogatory.

Such at present is the opinion of the chief members of the legal profession on the subject of insanity, when urged as the defence of criminal acts—such are the laws by which the question of personal responsibility is to be determined. It would be far from an unprofitable inquiry to ascertain the results which the application of these views to former judicial investigations would produce. Many previous decisions, and some of those of modern date, would be found altogether at variance with them. This, however, is not our present purpose, and we shall content ourselves by conducting a few inquiries into those portions of the report which more especially apply to medical evidence, as regards the existence or non-existence of insanity. Our space, however, obliges us to defer doing so until the publication of our next.—*Prov. Med. Journ.*